Summary of Work-Related Injuries and Illnesses

Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work- related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHAs recordkeeping rule, for further details on the access provisions for these forms.

Number of	Cases				
Total number of deaths	Total number of caseswith days away from work	Total number of caseswith job transfer or restriction	Total number of other recordable cases		
<u>0</u>	<u>173 </u>	<u>43</u>	<u>35</u>		
(G)	(H)	(I)	(J)		
Number of	Days				
Total number of d	lays	Total number of days	of		
away from work		Job Transfer or Restriction			
<u>12191</u>	_	<u>3478</u>			
(K)		(L)			
Injury and II	llness Types				
Total number of					
(M)			~0.		
(1) Injuries	<u>245</u>	(4) Poisonings	0		
(2) Skin disorders	<u>0</u>	(5) Hearing Loss	<u>0</u>		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N- 3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishme	nt Informa	ition			
Your establis	hment nam	e MKE1			
Company Name	Amazon.co	m.dedcLLC	;		
Street 350	01 120th Ave	nue			
Cîty <u>Ke</u>	nosha	State	Wisconsin	ZIP <u>53144-</u>	<u>7502</u>
Industry descrip	tion (e.g.Mar	nufacture of	motor truck traile	ers)	
Ge	neral Wareho	using and S	Storage		
Standard Indust	rial Classifica	ition (SIC),if	known (e.g.SIC3	3715)	
		_			
OR					
North American	Industrial Cla	assification	(NAICS),if known	(e.g.,336212)	
493	3110				
Employment	t Informati	on			
Annual average number of employees				<u>0</u>	
Total hours worl	ked by all em	t year	4,577,059		
Sign here					
Knowingly falsi	fying this do	ocument m	ay result in a fine).	
I certify that I ha	ave examined	this docum	ent and that to th	ne best of my kno	owledg
the entries are to	rue, accurate	, and compl	ete.		
Company Exec	utive		Title		

Date

Phone